

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

	File with: City or Town Clerk or Election Commission					
Fill in Reporting Period dates: Beginning Date:	1/2012 Ending Date: 4/1/2012					
Type of Report: (Check one)						
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution					
Candy Stands Candidate Full Name (if applicable)	Conn Her to Elect Condy Stark () Committee Name					
School Consitte Adington Office Sought and District	Name of Committee Treasurer					
1 Monadocck Rd Arlington MT Residential Address 02474	8 Old Colony Ln #11 Adington MA Committee Mailing Address 02476					
Telephone Number (optional): 78/-696-8887	Telephone Number (optional): 781-644-8741					
SUMMARY BALANC	E INFORMATION:					
Line 1: Ending Balance from previous report	1174.83					
Line 2: Total receipts this period (page 3, line 11)	720,00					
Line 3: Subtotal (line 1 plus line 2)	6594.83					
Line 4: Total expenditures this period (page 5, line	N Z30					
Line 5: Ending Balance (line 3 minus line 4)	4187.36					
Line 6: Total in-kind contributions this period (pa	ige 6) 153.37					
Line 7: Total (all) outstanding liabilities (page 7)	2532.97					
Line 8: Name of bank(s) used: Leade B	arte/Payla/					
Affidavit of Committee Treasurer: It certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: One of the penalties of perjury: One of this committee in accordance with the requirements of M.G.L. c. 55.						
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	ox only)					
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in actineurred any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, a period.					
Candidate without Committee OR Candidate with independent activity filing see I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of thi	best of my knowledge and belief, a true and complete statement of all campaign s, in-kind contributions and liabilities for this reporting period and represents the					
Signed under the penalties of perjury:	(Candidate's signature) Date: 4/1/12					

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	see attached.	egast	
	pts over \$50 (or listed above)	3975,00	
	ipts \$50 and under* (not listed above)	1445.00	5
	ECEIPTS IN THE PERIOD receipts of \$50 and under include them in lin	7 7 00	Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

Jane Bliondi 50 Wyman Street Arlington MA 02474 \$100.00 Juli Brazilne 56 Coolidge Road Arlington MA 02474 \$200.00 Christine Carney 98 Richfield Road Arlington MA 02474 \$200.00 Walter Cheney 76 Exeter Street Newmarket NH 03857 \$300.00 Walter Cheney 12 Britton Lane Durham NH 03857 \$200.00 Nancy Starks-Cheney 12 Britton Lane Durham NH 03824 \$500.00 Mary Cummings 135 Jason Street Arlington MA 02474 \$100.00 Mary Cummings 135 Jason Street Arlington MA 02474 \$100.00 Mary Cummings 135 Jason Street Arlington MA 02474 \$100.00 Mary Cummings 135 Jason Street Arlington MA 02474 \$100.00 Mary Cummings 135 Jason Street Arlington MA 02474 \$100.00 Mary Starks 8 Jason Street	<u>Received</u> <u>Name</u>	Residential Address	City	State	Zip	Amount	Occupation & Employer (donations over \$200.00)
armey 56 Coolidge Road Arlington MA 02476 armey 98 Richfield Road Arlington MA 02474 ney 76 Exeter Street Newmarket NH 03857 ks-Cheney 12 Britton Lane Newmarket NH 03857 ks-Cheney 12 Britton Lane Durham NH 02474 ks-Cheney 12 Britton Lane Arlington MA 02474 ks-Cheney 12 Britton Lane Durham NH 03824 ks-Cheney 12 Britton Lane Arlington MA 02474 ks-Cheney 12 Britton Lane Arlington MA 02474 ks-Cheney 13 Bay Road Arlington MA 02474	2/12/2012 Jane Biondi	50 Wyman Street	Arlington	MA	02474		
armey 98 Richfield Road Arlington MA 02474 Pney 76 Exeter Street Newmarket NH 03857 ks-Cheney 12 Britton Lane Durham NH 03824 mings 135 Jason Street Arlington MA 02476 t 26 Upland Road West Arlington MA 02474 t 14 Brown Circle Drive Arlington MA 02474 clidman 16 Twin Circle Drive Arlington MA 02474 clidman 16 Twin Circle Drive Arlington MA 02474 se park Ave, Apt 401 Arlington MA 02474 se park Ave, Apt 401 Arlington MA 02476 se pa	2/12/2012 Juli Brazile	56 Coolidge Road	Arlington	MA	02476		Not Employed
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ks-Cheney 12 Britton Lane Durham NA 02476 135 Jason Street 26 Upland Road West Arlington MA 02474 Valerie England 573 Bay Road eldman MA 16 Twin Circle Drive MA 177 Falmouth Road MA MA MA MA MA MA MA MA MA M	3/15/2012 Walter Cheney	76 Exeter Street	Newmarket	Z	03857	\$300.00	Retired
ks-Cheney 12 Britton Lane Durham NH 03824 rinings 135 Jason Street Arlington MA 02476 t Valerie England 573 Bay Road Durham NH 03824 eldman 89 Marathon Street Arlington MA 02474 d 16 Twin Circle Drive Arlington MA 02474 hen Gilligan 77 Falmouth Road Arlington MA 02474 ben Gilligan 21 Devereaux Arlington MA 02474 se 88 Park Ave, Apt 401 Arlington MA 02476 se 88 Park Ave, Apt 401 Arlington MA 02476 se 88 Park Ave, Apt 401 Arlington MA 02476 se 88 Park Ave, Apt 11 Arlington MA 02476 gras 160 Jason Street Arlington MA 02476 gras 28 Academy Street Arlington MA 02476 gras 20 Robin Hood Road Arlington MA 02476 ard Schwartz 20 Robin Hood Road Arlington MA 02474 4 Brookdale Road Arlington MA 02474 4 Brookdale Road Arlington MA 02474	2/8/2012 Walter Cheney	76 Exeter Street	Newmarket	Z	03857	\$200.00	Retired
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t 26 Upland Road West Arlington MA 02474 Valerie England 573 Bay Road Durham NH 03824 eldman 89 Marathon Street Arlington MA 02474 d 16 Twin Circle Drive Arlington MA 02474 d 16 Twin Circle Drive Arlington MA 02474 hen Gilligan 77 Falmouth Road Arlington MA 02474 pldsmith 21 Devereaux Arlington MA 02474 sse 88 Park Ave, Apt 401 Arlington MA 02476 sse 82 Richfield Road Arlington MA 02476 wis-Forbes 71 Mary Street Arlington MA 02476 gras 160 Jason Street Arlington MA 02476 gras 28 Academy Street Arlington MA 02476 gras 160 Jason Street Arlington MA 02476 gras 28 Academy Street Arlington MA 02476 gras 20 Robin Hood Road Arlington MA 02476 ard Schwartz 20 Robin Hood Road Arlington MA 02474 4 Brookdale Road Arlington MA 02474 4 Brookdale Road Arlington MA 02474	2/1/2012 Mary Cummings	135 Jason Street	Arlington	2	27760		Teacher - Arlington Pub
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28 Academy Street Arlington MA 02476 \$100.00 sner 3 Valley Road Arlington MA 02476 \$100.00 ard Schwartz 20 Robin Hood Road Arlington MA 02474 \$100.00 nwartz 20 Robin Hood Road Arlington MA 02474 \$100.00 ard Schwartz 20 Robin Hood	2/9/2012 Anne Quaadgras	160 Jason Street	Arlington	MA	02476	\$100.00	
iner 3 Valley Road Arlington MA 02476 \$100.00 ard Schwartz 20 Robin Hood Road Arlington MA 02474 \$100.00 nwartz 20 Robin Hood Road Arlington MA 02474 \$100.00 4 Brookdale Road Arlington MA 02474 \$500.00	2/12/2012 Brian Rehrig	28 Academy Street	Arlington	MA	02476	\$100.00	
ard Schwartz 20 Robin Hood Road Arlington MA 02474 \$100.00 Wartz 4 Brookdale Road Arlington MA 02474 \$500.00	-	3 Valley Road	Arlington	MA	02476	\$100.00	
1 Wartz 20 Robin Hood Road Arlington MA 02474 \$100.00	1/29/2012 Carroll Edward Schwartz	20 Robin Hood Road	Arlington	M _A	02474	\$100.00	
4 Brookdale Road Arlington MA 02474 \$500 00	1/22/2012 Paulette Schwartz	20 Robin Hood Road	Arlington	MA	02474	\$100.00	
	3/26/2012 Mary Starks	4 Brookdale Road	Arlington	M A	02474	00 003\$	Director of Marketing -

<u>Name</u> Name	Residential Address	City	State	Zip	Occupation & Employer Amount (donations over \$200.00
2/13/2012 Wandy Staurant	: Comment Dayless	SIEV		QI7	Amount
-/ TO/ COTZ WEILDY STEWART	24 Gray Street	Arlington		02476	02476 \$100.00
				0	AT00.00
2/12/2012 Laura Weiner/Josh Lobel	73 Jason Street	Arlington	MA	02474	02474 \$100.00
			The state of the s		
lotal			TO THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLU		
					\$3,975.00

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

- 	To Whom Paid	ittee name and a page number on	1	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
2/26/12	Annie LaCourt	48 Chatham St.	Reinbursement for Stationery	63.49
3/24/12	Cindy Starks	One manadrack Road Milington mat 024	Reimbursement	2324.19
	,			
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	2389.48
		Line 13: Total Expenditures \$5	00 and under* (not listed above)	17.79
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	2407.4

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Date of Reimbursement:

Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individu	Name of Individual Being Reimbursed: Annie Lacourt					
Committee Name	Conn	tree to Fleat C	idy Starks			
CPF ID Number			umber (optional): (781) 646	8741		
	ITEMIZ	ZE EXPENDITURES IN EXCESS	OF \$50			
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount		
2/2012012	Arlagter Swifty	1386 massachusette Arlingten M 02476	Printing / Stotionary Costs \$163.49 (1000 of cost denated	63.49		
			\$63.49 reimbursed)			
	~					
(Include items listed on Page 2) \rightarrow Line 1: Expenditures in excess of \$50 (itemized above):						
Line 2: Expenditures \$50 or under (not itemized):						
		Line 3: TOTAL AMOUNT REIM	MBURSED:	63.49		
Signed under the	Signature of Candid	ate Treasurer	o bella Date: 9	1/1/12		
	Please prepare a separate r	eport for each reimbursement check i	issued by the committee.			



Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

		Date of	of Reimbursement: 3/24/	2012
Name of Individu	al Being Reimbursed:	dy Starks		
Committee Name	Can	mittee to Fled	+ Gidy Stark	
CPF ID Number (if applicable):	Telephone N	Sumber (optional): 78 1 - 6	46-8741
	ITEMIZ	ZE EXPENDITURES IN EXCESS	S OF \$50	
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
2/3/12	Connolly Painting.	Woh was my 01801	Painting Palm Cords Pearls Frank Cords	873,5%
2/3/12	Consolly Pointing:	Woburn, my 01801	Postage	1432.63
	(Include items listed on Page 2) →	Line 1: Expenditures in excess of	\$50 (itemized above):	2326.19
		Line 2: Expenditures \$50 or under	(not itemized):	N. executariolism
		Line 3: TOTAL AMOUNT REL	MBURSED:	2324,19
Signed under the	e penalties of perjury: Signature of Candid	A date / Treasurer	Date: 4	1/1/12

Please prepare a separate report for each reimbursement check issued by the committee.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
2/24/12	Annie Lacourt	48 Chathem St. Arlington MA-62474		\$ 100.00
3				
		Line 15: In-Kind Contributions	over \$50 (or listed above)	100,00
		Line 16: In-Kind Contributions \$	50 & under (not listed above)	53.37
6 i 1-i1	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	NTRIBUTIONS	153 37

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
3/30/12	Connally	17B G. 11 Street Woburn, MA 61867	5,207 Postand mailing + Postage	2,532,9
	,		,	
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	2532.97